

Check if applicable:

Prenatal ☐

Not 1<sup>st</sup> Child ☐

## Nurturing Families Network:

### Primary Father Figure Intake

Site Submitting Intake to UHA: \_\_\_\_\_

Re-Entry? ☐

Re-entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### A. Participant Information

Date of referral: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Referral received by Site: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referral Source: \_\_\_\_\_

**PFF's** Town of Residence: \_\_\_\_\_ Caregiver Total Number of Children (Other than Target): \_\_\_\_\_

**PFF's** DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mother's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Infant's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ or EDD \_\_\_\_/\_\_\_\_/\_\_\_\_

Program offered face to face by: NFN Staff ☐ Community agency ☐ N/A (not offered) ☐ Date offered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location program offered at: Hospital ☐ Prenatal clinic ☐ Other health clinic ☐ Community agency ☐

NFN Site ☐ Other ☐

Educational presentation completed: Yes No If yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### B. REID Screen: Primary Father Figure (PFF) Is PFF the biological father? Yes No DK

Screener's Name: \_\_\_\_\_ Date of screen: \_\_\_\_/\_\_\_\_/\_\_\_\_ NFN Screening Site: \_\_\_\_\_

\_\_\_\_ 1. **PFF** is single, separated, or divorced

\_\_\_\_ 2. **PFF** is unemployed.

\_\_\_\_ 3. Inadequate income or no info on income

Type \_\_\_\_\_

\_\_\_\_ 4. Unstable housing

\_\_\_\_ 5. No phone

\_\_\_\_ 6. Education under 12 years (specify \_\_\_\_\_)

\_\_\_\_ 7. Inadequate emergency contacts

\_\_\_\_ 8. History of substance abuse: Type \_\_\_\_\_

\_\_\_\_ 9. **PFF** has a history of arrests

\_\_\_\_ 10. **PFF** has experienced interpersonal violence (victim or perp)

\_\_\_\_ 11. History of psychiatric care

\_\_\_\_ 12. Abortion considered by either parent

\_\_\_\_ 13. Adoption considered by either parent

\_\_\_\_ 14. Marital or family problems

\_\_\_\_ 15. History of, or current depression

\_\_\_\_ 16. PFF is age 18 or younger

\_\_\_\_ 17. PFF has a cognitive limitation

**\*FOR THE SCREEN TO BE POSITIVE, 3 items must be true or 8 items must be unknown or items 8, 10, 11, 14, or 15 are present with one other item**

#### C. Home Visiting (To be completed by Nurturing Connections/NFN Screener)

If screen negative, was **PFF** offered federally funded home visiting? Yes No

If screen positive, was **PFF** offered home visiting? Yes No

☐ Federally-funded ☐ State-funded

If yes, did **PFF** initially accept home visiting? Yes No

If no, circle reason 1) HV full 2) Language barrier 3) out of catchment area 4) no face to face contact 5) DCF involved 6) other

**PFF** offered Nurturing Connections?

Yes No

**PFF** Accepted Nurturing Connections?

Yes No

If yes, CTFDS case ID # \_\_\_\_\_

Other services offered: \_\_\_\_\_

If no, circle reason

1) no time for HV 2) family has enough support

3) household member or partner does not approve

4) other \_\_\_\_\_

5) Family said maybe/not sure

**PFF** offered Nurturing Connections? Yes No

**PFF** accepted NC? Yes No

If yes, CTFDS Case ID # \_\_\_\_\_

Other services offered? Yes No

#### D. Connections

(To be completed by Nurturing Connections/NFN Screener)

If screen negative, was family offered Nurturing Connections?

Yes No

If YES, **PFF** Accepted Nurturing Connections:

Yes No

If yes, CTFDS Case ID # \_\_\_\_\_

If NO, circle reason:

1) NC program full

2) language barrier

3) out of catchment area

4) no face to face contact

5) DCF Involved

6) family has no phone

7) Other \_\_\_\_\_

Other services offered:

Yes No

**\*\*This box completed by FAS\*\***

If yes, was Kempe completed? Yes No

Date KEMPE completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason KEMPE not completed: \_\_\_\_\_

Was the first home visit completed?

Yes No

If yes, Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

If no, reason 1<sup>st</sup> visit not completed: \_\_\_\_\_

CTFDS Case ID# \_\_\_\_\_

Home Visitor: \_\_\_\_\_

Is family acute? Yes No

If yes, circle reason

Domestic Violence Substance Abuse

Mental Health

# Nurturing Families Network Intake- Site Information

## E. Family Information

### Mother

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Partner/Sig. Other \_\_\_

Ethnicity: Hispanic \_\_\_ African American \_\_\_ Caucasian \_\_\_ Other \_\_\_ (specify \_\_\_\_\_)

Education: Grade 1-8 \_\_\_ 9-12 \_\_\_ HS grad or GED \_\_\_ Voc. Training: \_\_\_ Some college \_\_\_ Assoc degree \_\_\_  
Bachelor's degree \_\_\_ Post Grad \_\_\_ Other \_\_\_ Unknown \_\_\_

Currently in school? Yes No If yes, what grade: \_\_\_\_\_

Employed? Yes No If yes, Full-time \_\_\_ Part-time \_\_\_ Active military \_\_\_ Not employed \_\_\_ Unknown \_\_\_

Source of income: FOB \_\_\_ Self \_\_\_ Parent(s) \_\_\_ TANF \_\_\_ SSI \_\_\_ Food Stamps \_\_\_ WIC \_\_\_ Other \_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to mother: \_\_\_\_\_

People in Household: \_\_\_\_\_

Mother's OB/GYN: \_\_\_\_\_

Mother has insurance? Yes No

If yes, type: \_\_\_ Medicaid/Title 19 \_\_\_ HUSKY \_\_\_ Private \_\_\_ Other

### Infant

Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Gestational age: \_\_\_\_\_ weeks

Birth Weight: \_\_\_ lbs. \_\_\_ oz. Type of birth: Vaginal \_\_\_ Cesarean \_\_\_ Unknown \_\_\_

Feeding: Breast \_\_\_ Bottle \_\_\_ Both \_\_\_ Undecided \_\_\_ Unknown \_\_\_

Pediatrician: Yes \_\_\_ No \_\_\_ If yes, name of pediatrician \_\_\_\_\_

### Father

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Partner/Sig. Other \_\_\_

Ethnicity: Hispanic \_\_\_ African American \_\_\_ Caucasian \_\_\_ Other \_\_\_ (specify \_\_\_\_\_)

Education: Grade 1-8 \_\_\_ 9-12 \_\_\_ HS grad or GED \_\_\_ Voc. Training: \_\_\_ Some college \_\_\_ Assoc degree \_\_\_  
Bachelor's degree \_\_\_ Post Grad \_\_\_ Other \_\_\_ Unknown \_\_\_

Currently in school? Yes No If yes, what grade: \_\_\_\_\_

Employed? Yes No If yes, Full-time \_\_\_ Part-time \_\_\_ Active military \_\_\_ Not employed \_\_\_ Unknown \_\_\_